Fill	in this information to identify your c	ase.				1				
	otor 1 Felicia Doris									
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for the	: WESTERN DISTRICT	Γ OF MICHIGAN							
Cas	se number18-01328		_			Check	if this is:			
(lf kr	nown)					☐ An	amende	d filing		
									g postpetition ollowing date:	
0	fficial Form 106l					M	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/1
sup spo atta	es complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your ith you, do not inclu	spouse i	s liv nati	ing with yon about y	ou, incli your spo	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Employment status	☐ Employed				☐ Emplo	oyed		
	attach a separate page with information about additional employers.	Employment status	Not employed				□ Not e	mployed		
		Occupation	Retired							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Par	t 2: Give Details About Mor	nthly Income								
spoi	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have me		-						-	
	e space, attach a separate sheet to					. , c. c . c	iai poioo			,
						For Debt	tor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

For Debtor 1	Debt	or 1 _	Felicia Doris Samuels	_	Case r	number (if known)	18-013	28	
Copy line 4 here									
Copy line 4 here					For	Dobtor 1	For Do	abtou 2 ou	
List all payroll deductions: 5. List all payroll deductions: 5. List all payroll deductions: 5. Sa. Tax, Medicare, and Social Security deductions 5. Mandatory contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Voluntary contributions for retirement plans 5. No. Sa. Sa. Sa. Do. Sa. NiA 5. Required repayments of retirement fund loans 5. No. Sa. Sa. Sa. Do. Sa. NiA 5. Insurance 5. Sa. Sa. Do. Sa. NiA 5. Domestic support obligations 5. Sa. Sa. Do. Sa. NiA 5. Domestic support obligations 5. Sa. Sa. Do. Do. Sa. NiA 5. Domestic support obligations 5. Sa. Sa. Do. Do. Sa. NiA 5. List all other incore regularly received: 6. Add the payroll deductions. Add lines Sa+5th+5c+5d+5e+5f+5g+5h. 6. Sa. Do. Do. Sa. NiA 6. Add the payroll deductions. Add lines Sa+5th+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly tach-ome pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8. Net income from rental property and from operating a business, Nation a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly tach receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. January support payments that you, a non-filing spouse, or a dependent regularly receive include cash assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance had you receive such as food stamps, benefits under the Supplemental that you receive, such as food stamps, benefits under the Supplemental include cash assistance and the value (if known) of any non-cash assistance had you receive such as food stamps, benefits under the Supplemental include cash assistance programly or housing subsocies. 8. Jacobson Sa. NiA 8. Other monthly income.					For	Deptor 1			
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5g. Union dues 5g. 10 one site support obligations 5g. 10 one 5g. 2 0.00 \$ Ni/A h. Other deductions. Specify: 6h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ Ni/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ Ni/A 8a. Net income from regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,200.00 \$ NI/A 8g. Pension or retirement income 8h. Other monthly income. Add line 7 + line 9. 8g. Pension or retirement income 9h. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Rent/Contribution from son 11. \$12		5e.	Insurance	5e.	\$		\$	N/A	_
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13. Do you expect an increase or decrease within the year after you file this form? No.		• •						0	mad
13. Do you expect an increase or decrease within the year after you file this form? No.									
■ No.	13.	Do v	ou expect an increase or decrease within the year after you file this form	?				month	.,
	-	_ ′							

Fill	in this informa	tion to identify yo	our case:	·						
						O.	. : 6 4 -			
Deb	tor 1	Felicia Doris	Samuel	<u> </u>			eck if th An ar	nended filing		
Deb	tor 2							•	ving postpetition char	oter
(Spo	ouse, if filing)					_		penses as of	the following date:	
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN							MM /	DD / YYYY		
	e number	3-01328								
(
Of	fficial Fo	rm 106J								
So	chedule	J: Your	Exper	ises						12/15
Be info	as complete a	and accurate as	possible eded, atta	. If two married people ar ch another sheet to this						
Par		ibe Your House	hold							
1.	Is this a joir									
	■ No. Go to									
			in a separ	ate household?						
	□N									
	☐ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	ebtor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation			ependent's ge	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.							☐ Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes	
									□ No	
3.	Do your exp	enses include	_						☐ Yes	
0.	expenses of	f people other t d your depende	han $_{oldsymbol{\sqcap}}$	No Yes						
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses						
exp				uptcy filing date unless y y is filed. If this is a supp						
Incl	lude expense	s paid for with	non-cash	government assistance i	f vou know					
				cluded it on Schedule I: \				.,		
(Of	ficial Form 10)6I.)						Your expe	enses	
4.		or home owners		ses for your residence. I	nclude first mortgage	e 4.	\$		1,271.00	
	. ,	led in line 4:	Ŭ							
						4.5	¢		0.00	
		estate taxes rty, homeowner's	s or renter	's insurance		4a. 4b.	·		0.00	
		•		ipkeep expenses		4b. 4c.	· · —		15.00	
		owner's associat				4d.	: —		0.00	
5.				our residence, such as ho	me equity loans	5.			0.00	

btor 1	Felicia Doris Samuels	Case num	ber (if known)	18-01328			
Utilit	es:						
6a.	Electricity, heat, natural gas	6a.	\$	276.00			
6b.	Water, sewer, garbage collection	6b.	·	0.00			
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		300.00			
6d.	Other. Specify:	6d.	·	0.00			
	and housekeeping supplies	7.					
	care and children's education costs	8.	\$	400.00			
		9.		0.00			
	ing, laundry, and dry cleaning			100.00			
	onal care products and services	10.		75.00			
	cal and dental expenses	11.	\$	200.00			
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	250.00			
	ot include car payments.	13.					
	tainment, clubs, recreation, newspapers, magazines, and books		·	100.00			
	itable contributions and religious donations	14.	>	0.00			
Insu							
	ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance	150	¢.	2.22			
		15a.		0.00			
	Health insurance	15b.		0.00			
	Vehicle insurance	15c.	·	0.00			
15d.	Other insurance. Specify: Combined Renters/Auto Ins.	15d.	\$	294.00			
	Health benefits deducted from annuity		\$	253.30			
Taxe	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		,				
Spec	fy: Taxes deducted from annuity	16.	\$	93.10			
	Ilment or lease payments:						
17a.	Car payments for Vehicle 1	17a.	\$	0.00			
17b.	Car payments for Vehicle 2	17b.	\$	0.00			
17c.	Other. Specify: Storage unit (late mother's property)	17c.	\$	73.00			
	Other. Specify:	17d.	\$	0.00			
	payments of alimony, maintenance, and support that you did not report as						
dedu	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.	\$	0.00			
	r payments you make to support others who do not live with you.		\$	0.00			
Spec	fy:	19.					
Othe	r real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	ur Income.				
	Mortgages on other property	20a.		0.00			
	Real estate taxes	20b.	\$	0.00			
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00			
	Maintenance, repair, and upkeep expenses	20d.		0.00			
	Homeowner's association or condominium dues	20e.	·	0.00			
	0 16 -	21.	·				
Othe	r: Specify: Pet expenses		-Ψ	100.00			
Calc	ulate your monthly expenses						
22a.	Add lines 4 through 21.		\$	3,800.40			
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$				
	Add line 22a and 22b. The result is your monthly expenses.		\$	2 000 40			
220.	nad into 22a and 22b. The result is your monthly expenses.		Ψ	3,800.40			
Calc	ulate your monthly net income.		•				
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,000.00			
	Copy your monthly expenses from line 22c above.	23b.	·	3.800.40			
	- 177			0,000.40			
23c	Subtract your monthly expenses from your monthly income.						
_00.	The result is your <i>monthly net income</i> .	23c.	\$	199.60			
	,						
Do y	ou expect an increase or decrease in your expenses within the year after y	ou file this	form?				
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a							
modif	cation to the terms of your mortgage?						
■ N).						